

**Affidavit to Accompany  
Motion for Leave to Appeal in Forma Pauperis**

FILED  
U.S. DISTRICT COURT  
CLERK'S OFFICE

2008 FEB 11 P 12:45

District Court No. 04-10544-NMG  
Appeal No. 08-1035

U.S. DISTRICT COURT  
CLERK'S OFFICE

v.

**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Timothy D Dymn

**Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 8 February 2008

My issues on appeal are:

*1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months	Amount expected next month		
	You	Spouse	You	Spouse
Employment	\$ <u>86.72</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

<b>Income source</b>	<b>Average monthly amount during the past 12 months</b>		<b>Amount expected next month</b>	
	<b>You</b>	<b>Spouse</b>	<b>You</b>	<b>Spouse</b>
Gifts	\$ <u>28.64</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Child support	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Total Monthly income:	\$ <u>86.72</u>	\$ _____	\$ _____	\$ _____

**2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)**

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>None</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)**

<b>Employer</b>	<b>Address</b>	<b>Dates of Employment</b>	<b>Gross monthly pay</b>
<u>None</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. How much cash do you and your spouse have? \$ 0.57**

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>NONE</u>		\$ <u>0</u>	\$ _____
		\$ <u>0</u>	\$ _____
		\$ <u>0</u>	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.**

Home <u>NONE</u>	(Value)	Other real estate <u>NONE</u>	(Value)	Motor Vehicle #1 Make & year: <u>NONE</u>	(Value)
				Model: _____	
				Registration#:	
Motor Vehicle #2 Make & year: <u>NONE</u>	(Value)	Other assets <u>NONE</u>	(Value)	Other assets <u>NONE</u>	(Value)
Model: _____					
Registration#:					

**6. State every person, business, or organization owing you or your spouse money, and the amount owed.**

Person owing you or your spouse money <u>NONE</u>	Amount owed to you <u>NONE</u>	Amount owed to your spouse <u>NONE</u>

**7. State the persons who rely on you or your spouse for support.**

Name <u>NONE</u>	Relationship <u>NONE</u>	Age <u>NONE</u>

**8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.**

	<b>You</b>	<b>Spouse</b>
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>None</u>	\$ _____
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>None</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>None</u>	\$ _____
Food	\$ <u>None</u>	\$ _____
Clothing	\$ <u>None</u>	\$ _____
Laundry and dry-cleaning	\$ <u>None</u>	\$ _____
Medical and dental expenses	\$ <u>None</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>None</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>None</u>	\$ _____
Homeowner's or renter's	\$ <u>None</u>	\$ _____
Life	\$ <u>None</u>	\$ _____
Health	\$ <u>None</u>	\$ _____
Motor Vehicle	\$ <u>None</u>	\$ _____
Other: _____	\$ <u>None</u>	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>None</u>	\$ _____
Installment payments	\$ <u>None</u>	\$ _____
Motor Vehicle	\$ <u>None</u>	\$ _____
Credit card (name): _____	\$ <u>None</u>	\$ _____
Department store (name): _____	\$ <u>None</u>	\$ _____

Other:	\$ <u>None</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ _____
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>None</u>	\$ _____
Other (specify):	\$ <u>None</u>	\$ _____
Total monthly expenses:	\$ <u>None</u>	\$ _____

**9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?**

Yes  No If yes, describe on an attached sheet.

**10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form?  Yes  No**

If yes, how much? \$ \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?**

Yes  No

If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.**

I'm in prison, and have on .57 cents in my account.  
 My mom is the only person who gives me any money and is now  
 saving for retirement and is also saving to help pay for her  
 grandchildren's college books

*13. State the address of your legal residence.*

Po Box 100 mci Cedar Junction  
S. Walpole Ma 02071

Your daytime phone number: ( ) none existence

Your age: 84 Your years of schooling: 11